



ANSI-ASQ National Accreditation Board/FQS

North Carolina State Crime Laboratory

Western Regional Laboratory

9-B Walden Ridge Drive

Ashville, NC 28803

Report on Conformance with ISO/IEC 17025:2005

Accreditation Assessment Conducted on

May 16 – 17, 2013

Frank Fitzpatrick, Lead Assessor

Terry Mills and James Gannalo, Technical Assessors

ANSI-ASQ National Accreditation Board/FQS
5300 West Cypress Street, Suite 180
Tampa, FL 33607
Tel (813) 443-0517 Fax (813) 443-0519
www.fqsforensics.org

INTRODUCTION

The assessment was conducted against the standard of ISO/IEC 17025:2005 and any appropriate supplemental requirements. Frank Fitzpatrick, Lead Assessor, and Terry Mills and James Gannalo were Technical Assessors.

The assessment was conducted at North Carolina State Crime Laboratory, Western Regional Laboratory on May 16 and 17, 2013 by inspection of facilities; review of policies, procedures, and records; and by staff interviews. All elements of the International Standard were assessed in this assessment.

Places where change is recommended reflect the requirements of program compliance and should not be taken as reflecting the quality of work product. The report is confidential to the customer and is for management purposes only.

The report contains identified non-conformances listed as major, minor, and opportunities for improvement. Each is defined below:

1. **Major Non-Conformances:** A major non-conformance is the absence of or the failure to implement and maintain one or more of the accreditation checklist requirements or a situation which would, on the basis of available objective evidence, raise significant doubt as to operations or appropriateness of the results reported by the accreditation customer. The assessment team may judge numerous minor non-conformances against a single requirement to be a significant breakdown of the management system and thus a major non-conformance. Any minor non-conformance that is a repeat from the previous assessment will be considered a major non-conformance.
2. **Minor Non-Conformances:** A minor non-conformance is any other non-conformance which seems to be an isolated occurrence and is normally easily corrected and verified.
3. **Opportunities for Improvement:** An opportunity for improvement is not a non-conformance or finding. It is used to document items that may help a customer improve their operations.

Cited clause numbers refer to the International Standard ISO/IEC 17025, unless otherwise indicated.

The laboratory is required to respond to **non-conformities** in writing within 30 days of receipt of the assessment report. The response shall identify the corrective action taken, including root cause analysis, selection and implementation of corrective action, and any follow-up confirmation of effectiveness. It is recognized that some non-conformities may require more than 30 days for completion of the process of root cause analysis, selection and implementation of corrective action, and confirmation of effectiveness, and

in such instances the 30 day response must include a description of action taken to date and a plan with milestones for completion of the corrective action.

All non-conformities will be verified at the next assessment or surveillance.

No response is required to opportunities for improvement.

All communication on non-conformities must be made through the Lead Assessor and/or the FQS Accreditation Manager.

This report contains the following information, as applicable:

- Confidential and No Conflict of Interest Statement
- Non-Conformances
- Commendations
- Statement on Proficiency Testing, Management Review & Internal Audit
- Prior Non-Conformances, if Applicable
- Sampling of Scope (Method/Matrix)
- Conclusions

CONFIDENTIAL AND NO CONFLICT OF INTEREST

ANSI-ASQ National Accreditation Board (ACLASS & FQS) Confidential Information and No Conflict of Interest Agreement

I am a designated Assessor and/or Expert and have executed an agreement with ANSI-ASQ National Accreditation Board (ACLASS or FQS, hereinafter the "Company") to provide Accreditation Activities to the Company. As part of such Agreement, I am obligated to execute this Confidential Information and No Conflict of Interest Agreement ("Special Agreement") for each Company's customer for whom I perform Accreditation Activities.

I hereby execute this Special Agreement with respect to ^{NE} Ashville Customer"). I confirm that I have not during the 24 month period prior to the date hereof directly or indirectly provided any consulting or other services which might reasonably be construed as a conflict of interest (e.g., any commercial, financial and other pressures) to or on behalf of Customer. I confirm that I will not during the 12 month period succeeding the last day on which I provide Accreditation Activities with respect to Customer pursuant to the Agreement or any future agreement between the Company and me, directly or indirectly provide any consulting or other services which might reasonably be construed as a conflict of interest to or on behalf (including, but not limited to Accreditation Activities for another accreditation body) to or on behalf of Customer.

I understand that in order to perform Accreditation Activities with respect to Customer, the Company and/or Customer shall provide me, (i) with materials concerning Customer and records of Customer which contain confidential information belonging to Customer, and (ii) with access to Customer's personnel who know confidential information belonging to Customer, which confidential information is not otherwise generally known by the public and which is called "Confidential Information" under this Special Agreement.

I shall keep Confidential Information secret and confidential, and not disclose such Confidential Information to any person or entity except for the Company. I shall deliver to the Company, or at the Company's direction, to Customer all materials and reports (including all copies) in my possession (including manuals, reports, computerized data contained in any form) upon receipt of a written letter from Customer or the Company instructing me to return such materials.

I understand that my obligations under this Special Agreement shall survive the termination of the Agreement.

Designated Assessor: Shawn R. Pappas

Date: 5-16-2013

**ANSI-ASQ National Accreditation Board (ACLASS & FQS) Confidential
Information and No Conflict of Interest Agreement**

I am a designated Assessor and/or Expert and have executed an agreement with ANSI-ASQ National Accreditation Board (ACLASS or FQS, hereinafter the "Company") to provide Accreditation Activities to the Company. As part of such Agreement, I am obligated to execute this Confidential Information and No Conflict of Interest Agreement ("Special Agreement") for each Company's customer for whom I perform Accreditation Activities.

I hereby execute this Special Agreement with respect to McKinnell ("Customer"). I confirm that I have not during the 24 month period prior to the date hereof directly or indirectly provided any consulting or other services which might reasonably be construed as a conflict of interest (e.g., any commercial, financial and other pressures) to or on behalf of Customer. I confirm that I will not during the 12 month period succeeding the last day on which I provide Accreditation Activities with respect to Customer pursuant to the Agreement or any future agreement between the Company and me, directly or indirectly provide any consulting or other services which might reasonably be construed as a conflict of interest to or on behalf (including, but not limited to Accreditation Activities for another accreditation body) to or on behalf of Customer.

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I understand that my obligations under this Special Agreement shall survive the termination of the Agreement.

Designated Assessor: [Signature]

Date: 5/16/2013

**ANSI-ASQ National Accreditation Board (ACCLASS & FQS) Confidential
Information and No Conflict of Interest Agreement**

I am a designated Assessor and/or Expert and have executed an agreement with ANSI-ASQ National Accreditation Board (ACCLASS or FQS, hereinafter the "Company") to provide Accreditation Activities to the Company. As part of such Agreement, I am obligated to execute this Confidential Information and No Conflict of Interest Agreement ("Special Agreement") for each Company's customer for whom I perform Accreditation Activities.

I hereby execute this Special Agreement with respect to ^{NC} Asma Me ("Customer"). I confirm that I have not during the 24 month period prior to the date hereof directly or indirectly provided any consulting or other services which might reasonably be construed as a conflict of interest (e.g., any commercial, financial and other pressures) to or on behalf of Customer. I confirm that I will not during the 12 month period succeeding the last day on which I provide Accreditation Activities with respect to Customer pursuant to the Agreement or any future agreement between the Company and me, directly or indirectly provide any consulting or other services which might reasonably be construed as a conflict of interest to or on behalf (including, but not limited to Accreditation Activities for another accreditation body) to or on behalf of Customer.

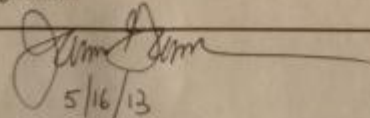
I understand that in order to perform Accreditation Activities with respect to Customer, the Company and/or Customer shall provide me, (i) with materials concerning Customer and records of Customer which contain confidential information belonging to Customer, and (ii) with access to Customer's personnel who know confidential information belonging to Customer, which confidential information is not otherwise generally known by the public and which is called "Confidential Information" under this Special Agreement.

I shall keep Confidential Information secret and confidential, and not disclose such Confidential Information to any person or entity except for the Company. I shall deliver to the Company, or at the Company's direction, to Customer all materials and reports (including all copies) in my possession (including manuals, reports, computerized data contained in any form) upon receipt of a written letter from Customer or the Company instructing me to return such materials.

I understand that my obligations under this Special Agreement shall survive the termination of the Agreement.

Designated Assessor:

Date:


5/16/13

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Western Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	4.14.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
The Internal Audit checklist completed for the Internal Audit dated Nov 6-8, 2012 did not include the specific requirements of accreditation from FQS and as such, did not address all elements of the management system.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable?	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

AClass / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Western Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	4.15.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
There is no response from top management and the NCs are not included as a separate element. There is something called the Annual Quality Review which has most elements expected of a Management Review.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to AClass / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by AClass / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact AClass / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by AClass / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Western Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	4.15.2
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
There was no objective proof that any findings from the Management Review were reviewed by top management and actions arising were recorded.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Western Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 2
Assessor:	Frank Fitzpatrick	Clause #	4.3.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
Logs and forms which form part of the quality system are not controlled.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Western Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	Minor - 1
Assessor:	Frank Fitzpatrick	Clause #	4.3.1
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Opportunity	
Description of Finding			
The Procedure for Document Control and Management allows Instrument Manuals to be treated as references. The IS states that all such documents need to be controlled.			
Organization's Proposed Corrective Action Plan			
<p>Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include:</p> <p>Root Cause Analysis (how / why did this happen?)</p> <p>Short-term corrective action (what steps will be in the immediate fix?)</p> <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

AClass / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Western Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	OFI - 1
Assessor:	Frank Fitzpatrick	Clause #	4.7.2
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
There was no customer feedback last year reported for the Western lab in the Internal Audit. This may suggest that current procedures for soliciting customer feedback are insufficient.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to AClass / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by AClass / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact AClass / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by AClass / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

ACCLASS / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Western Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	OFI - 1
Assessor:	Frank Fitzpatrick	Clause #	4.8
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
The Procedure for Complaints exists for "An expression of dissatisfaction regarding quality of service." This procedure includes media reports. In at least one instance a complaint was not entered into a QAR as required after a recent media report.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to ACLASS / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by ACLASS / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by ACLASS / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

AClass / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Western Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	OFl - 1
Assessor:	Frank Fitzpatrick	Clause #	5.2.2 F-8 FQS
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
In many of the latent print training procedures, it states "The trainee shall successfully complete a written test and practical exercises" and not state an acceptable criteria of what successfully means, although there is another document Personnel Training which states "A minimum score of 85% is required for successful completion of written tests."			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to AClass / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) • Longer-term corrective action (include completion dates and actions to prevent re-occurrence)			
Acceptance of Response by AClass / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact AClass / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by AClass / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)	Date:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:		
If response is "NO" or warrants comment, do so below:			

AClass / FQS NON-CONFORMANCE RECORD

Reference Information			
Customer Name:	NC State Crime Laboratory - Western Lab	Date:	April 12, 2013
Type of Assessment:	<input checked="" type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> RA <input type="checkbox"/> TRA <input type="checkbox"/> TSA <input type="checkbox"/> RSA <input type="checkbox"/> Follow-up Visit <input type="checkbox"/> Scope Expansion	NC #:	OFl - 1
Assessor:	Frank Fitzpatrick	Clause #	5.3 F-17 FQS requirem
Was finding previously written-up from last assessment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Type of Finding			
<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> Opportunity	
Description of Finding			
Safety procedures related to the testing of firearms for operability should be reviewed. These include: Unloading station upgrades, panic button and/or audio alarms in the shooting room (outside container) and firearm safety review of using the "Bench Buddy" shooting recovery device in the examination room.			
Organization's Proposed Corrective Action Plan			
Please log into EQM and submit your corrective action plan. If EQM is unavailable please submit your corrective action plan via email to AClass / FQS. Your response needs to, include: Root Cause Analysis (how / why did this happen?) Short-term corrective action (what steps will be in the immediate fix?) <ul style="list-style-type: none"> Longer-term corrective action (include completion dates and actions to prevent re-occurrence) 			
Acceptance of Response by AClass / FQS (Non-EQM Use)			
Response Acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date:		Approved By:	
If response is "NO" or warrants comment, do so below:			
Additional Response Acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO	If response is "NO" again, contact AClass / FQS Accreditation Manager(s) for guidance.	Date:	
		Approved By:	
Verification of Response by AClass / FQS (Non-EQM Use)			
IMPLEMENTATION ACCEPTABLE? (verified next visit)		Date:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Approved By:	
If response is "NO" or warrants comment, do so below:			

COMMENDATIONS

The team would like to thank Manager Joe Reavis for his great attitude during the course of the assessment. Special thanks, also, to Forensic Scientists Ana Baxter, Brian Delmas, Deborah Chauncey, and Evidence Technician Tina Hale for the information they shared in support of the assessment of this laboratory.

A special thanks to Forensic Scientist Amanda Battin for her help with logistics of the assessment.

PROFICIENCY TESTING, MANAGEMENT REVIEW, AND INTERNAL AUDIT

The Laboratory has records for successful participation in Proficiency Testing in conformance with FQS requirements. In addition, the Laboratory has not successfully conducted internal audits and management reviews in 2013 in conformance with ISO/IEC 17025:2005 and these are subject of minor non-conformances.

NON-CONFORMITIES FROM PRIOR REPORTS

This is an initial accreditation assessment for this laboratory so there are no prior reports.

SAMPLING OF SCOPE

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Report Method Review Matrix		Customer: NC State Crime Laboratory Latent Prints/Impressions			Assessment Date(s): May 13 and 14, 2013			Page __1__ of __		
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel Interviewed	Standards/ Equipment/ Ref. Materials	Procedure/ Operating Instructions	Measurement Uncertainty Verification	Traceability/ Verification/ Calibration	Sampling/ Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate
Firearm Operability	IPE	Moore Chancey	Firearms PM	Firearm PM	DMD 48	Uncertainty data base Firearms PM	N/A	Water Tank Bench Buddy	Logs Safety equip	Reviewed ten case files, all OK
Firearms Identification (Microscopy)	IPE	Moore Chancey	Comparison Microscope Stereo Microscope Firearms PM Training M	Firearms PM	N/A	N/A	N/A	Tech Review Admin Review/ Case Review	OK	Reviewed ten case files, all OK
General Laboratory Procedures	IPE	Moore Chancey	Firearms PM Quality Manual	OK	N/A	N/A	OK	Evid RM Work Rm	Logs Case review	Interviews
Serial Number Restoration	IPE	Chancey	Firearms PM	Firearms PM	Hood Reagents	Chemicals Log Service tags	OK	OK	Case review	Interviews
DATE COMPLETED: 5/17/13					ASSESSOR: James Gannale					

NOTES: Safety procedures related to the testing of firearms for operability should be reviewed and all concerns addressed. These include: Unloading station upgrades, panic button and/or audio alarms in the shooting room (outside container) and firearm safety review of using the "Bench Buddy" shooting recovery device in the examination room.

*O = Observed Test; P = Procedure Reviewed; I = Interviewed Personnel; E = Equipment Inspected; F = Field (On-Site); NR = Not Running

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Report Method Review Matrix		Customer: North Carolina State Crime Laboratory- Western Regional Lab		Assessment Date(s): May 16-17, 2013		Page <u>1</u> of <u>2</u>				
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel Interviewed	Standards/ Equipment/ Ref. Materials	Procedure/ Operating Instructions	Measurement Uncertainty Verification	Traceability/ Verification/ Calibration	Sampling/ Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate
FTIR Drugs	OPIE	Ana Baxter Amanda Battin Julie Martin Miguel Cruz Quinones	FTIR; traceable polystyrene	Technical Procedure for IR	N/A	Yes, NIST	Acceptable, sampling procedure, lab environmen tal controls	Perform ance check, PMs, annual calibrati ons	Log books of perform ance checks, PM samples perform ed	Lab report filecontains IR data
GC/MS Drugs	OPIE	Ana Baxter Amanda Battin Julie Martin Miguel Cruz Quinones	GC/MS	Technical Procedure for Drug Chemistry GC/MS	N/A	N/A	Acceptable, sampling procedure, lab environmen tal controls	Perform ance check, PMs, annual calibrati ons	Log books of perform ance checks, PM samples perform ed	Lab report file contains GC/MS data
UV Drugs	PIE	Ana Baxter	UV	Technical Procedure for UV	N/A	NIST holmium oxide	Acceptable, sampling procedure, lab environmen tal controls	Perform checks, PMs	Log books of perform ance checks, PM samples perform ed	Lab report file contains UV data
Balances	OPIE	Ana Baxter Amanda Battin Julie Martin Miguel Cruz Quinones Beth Reagan	Various top loading and analytical balances	Technical Procedure for Balances; Technical Procedure for Measurement Assurance	Yes, UM for balance processes;	NIST traceable weights- secondary wts used as working wts	Acceptable, sampling procedure, lab environmen tal controls	Perform daily checks when in use; calibrati on by	Log books of perform ance checks; logs on	Lab report contains wt data

FQS Form 312

Method Witness (OPIEF) Form

June 5, 2012

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Report Method Review Matrix			Customer: North Carolina State Crime Laboratory- Western Regional Lab			Assessment Date(s): 5/16-17/2013			Page <u>2</u> of <u>3</u>	
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel Interviewed	Standards/ Equipment/ Ref. Materials	Procedure/ Operating Instructions	Measurement Uncertainty Verification	Traceability; Verification/ Calibration	Sampling; Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate
Fire Debris	OPIEF	Mike Piwowar	HPLC, oven		N/A	Standards traceability to company- drugs	Environment al conditions fine, performanc e checks/ PM	Log books; perform ance checks/ PM	Records in LIMS	Report and case file data
	PI	Ana Baxter	N/A	All-drugs	N/A	N/A	As per tests	See drug procedu res	Records in LIMS	Case Reports: W201300239 W201300282 W201204732 W201300137 W201300605
	PI	Mike Piwowar	N/A	All-drugs Fire debris	N/A	N/A	As per tests	See drug procedu res	Records in LIMS	W201203827 W201105929 W201105912 W201200081 W201300527
	PI	Beth Reagan	N/A	All-drugs	N/A	N/A	As per tests	See drug procedu res	Records in LIMS	W201104939 W201104968 W201104990 W201105007 W201105511
	PI	Amanda Battin	N/A	All-drugs	N/A	N/A	As per tests	See drug procedu res	Records in LIMS	W201302160 W201300264 W201201390 W201300772 W201105670
	PI	Julie Martin	N/A	All-drugs	N/A	N/A	As per tests	See drug procedu res	Records in LIMS	W201301265 W201104754 W201105454 W201105408 W201105384
Date: 5-17-2013					ASSESSOR: Terry Mills					

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Report Method Review Matrix			Customer: North Carolina State Crime Laboratory- Western Regional Lab		Assessment Date(s): 5/16-17/2013			Page <u>3</u> of <u>3</u>		
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel Interviewed	Standards/ Equipment/ Ref. Materials	Procedure/ Operating Instructions	Measurement Uncertainty Verification	Traceability; Verification/ Calibration	Sampling; Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate
	PI	Miguel Cruz Quinones	N/A	All drugs	N/A	N/A	As per tests	See drug procedu res	Records in LIMS	W201105161 W201200148 W201200823 W201201050 W201205109
	PI	Collins Andrens	N/A	All-drugs	N/A	N/A	As per tests	See drug procedu res	Records in LIMS	W201106087 W201106008 W201201143 W201301572 W201301043
	PI	Beth Reagan	N/A	Drug HPLC quant	Yes	Yes	As per tests	See HPLC drug quant	Records in LIMS	W201202964
	PI	Ana Baxter	N/A	IR/GC/MS mixture	N/A	N/A	As per tests	See drug procedu res	Records in LIMS	W201103189
	PI	Amanda Battin	N/A	IR	N/A	N/A	As per tests	See drug procedu res	Records in LIMS	W201105657
					ASSESSOR: Terry Mills					

NOTES:

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FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Report Method Review Matrix		Customer: NCSBI Triad Lab		Assessment Date(s): May 13-15, 2013			Page 1 ____ of ____1			
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel Interviewed	Standards/ Equipment/ Ref. Materials	Procedure/ Operating Instructions	Measurement Uncertainty Verification	Traceability/ Verification/ Calibration	Sampling/ Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate
Latent Processing	O,P,I,E	Brian Delmas	ALS, chambers	Processing procedures and training manuals	N/A	Hood	N/A	Positive samples	W201103542 W201103523 W201103124 W201103968	Appropriate
Latent Comparison	P,I,E	Brian Delmas	Imaging Equipment	Comparison procedures and training manuals	N/A	N/A	N/A	N/A	W20120326 W201202347 R3013033769 W201201322	Appropriate
Databasing	P,I,E	Brian Delmas	AFIS terminal	AFIS procedures	N/A	N/A	N/A	N/A	W201201322	Appropriate
DATE COMPLETED: May 15, 2013					ASSESSOR: Frank Fitzpatrick					

NOTES:

CONCLUSIONS

The non-conformities identified are minor non-conformities and are also found in other assessed laboratories in the Crime Laboratory system. The remediation of these non-conformities should be straight forward for a system employing such a robust quality system as found here.

To appeal any non-conformity cited in this report, please submit your appeal according to the FQS appeals procedure, no later than ten (10) days following your receipt of this report from FQS. The justification for the appeal and the change that the laboratory is seeking must be clearly stated.

Responses to FQS are due by July 1, 2013, unless otherwise arranged.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Frank Fitzpatrick".

Frank Fitzpatrick
Lead Assessor
ANSI-ASQ National Accreditation Board/FQS